

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/673275	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						51		
2		/					52	/	
3	/						53		
4							54		/
5	/						55		
6							56		
7	/						57		
8							58		
9	/						59		
10		/					60		
11	/						61		
12							62		
13							63		
14							64		
15							65		
16							66		
17							67		
18	/						68		
19		/					69		
20	/						70		
21		/					71		
22	/						72		
23		/					73		
24							74		
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26							76		
27		/					77		
28							78		
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30							80		
31							81		
32							82		
33							83		
34	/		/				84		
35	/						85		
36		/	/				86		
37		/		/			87		
38	/		/				88		
39		/		/			89		
40		/		/			90		
41		/		/			91		
42	/		/				92		
43		/		/			93		
44		/		/			94		
45	/						95		
46		/					96		
47		/					97		
48	/						98		
49							99		
50	/						100		
TOTAL IND.							TOTAL IND.		
TOTAL DEP.							TOTAL DEP.		
TOTAL CLAIMS							TOTAL CLAIMS		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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FORM P1-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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